

State of New Hampshire 2005 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 293-A:16.22. REPORT DUE BY April 1, 2005

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 02/07/2005
Business ID: 457586
William M. Gardner

Secretary of State

ADDRESS OF PRINCIPAL OFFICE 41 BEACON STREET, SUITE 201 FRAMINGHAM, MA 01701 ENTITY TYPE: CORPORATION BUSINESS ID: 457586 STATE OF DOMICILE: MASSACHUSETTS FEDERAL ID: 043609978 ADDRESS OF PRINCIPAL OFFICE 41 BEACON STREET, SUITE 201 FRAMINGHAM, MA 01701 REGISTERED AGENT AND OFFICE JENNIFER GOODSELL 90 STILES ROAD	
MORTGAGE BROKER If changing the mailing or principal office address, please check the appropriate box and fill in the necessary infor The new mailing address	rmation.
The new principal office address	
PO Box is acceptable.	
OFFICERS NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). (MUST LIST AT LEAST ONE OFFICER BELOW) OFFICERS NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). (MUST LIST AT LEAST ONE DIRECTOR BELOW) A (MUST LIST AT LEAST ONE DIRECTOR BELOW)	
PRES. JERROLD TILBOR DIR. JERROLD TILBOR	
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STREET 41 BEACON STREET STREET STREET	
CITY/STATE/ZIP FRAMINGHAM MA 01701 CITY/STATE/ZIP FRAMINGHAM MA 01701 NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED	
To be signed by an officer, director, or any other person authorized by the board of directors. I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge Sign here: JERROLD TILBOR	e and belief.
Please print name and title of signer: JERROLD TILBOR / PR	RESIDENT
NAME	TITLE
FEE DUE: \$100.00 E-MAIL ADDRESS (OPTIONAL):	



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE RETURN COMPLETED REPORT AND PAYMENT TO: